

STAFF DONATION FORM

<i>Please print and return to address below</i>				
Title		First Name		
Surname				
Position				
Address				
City		State		Post Code
Country				
Email				
Phone		Fax		

**To: Payroll Officer
Charles Sturt University**

I hereby authorise you to deduct my donation to the Charles Sturt Foundation from my salary at the rate of \$ _____ per fortnight.

I desire this authority to remain in force until \$ _____ has been deducted or until I notify the Payroll Office to cease my donation.

Signature

Please return to:
Charles Sturt Foundation
Charles Sturt University
Panorama Avenue
Bathurst NSW 2795